

# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Large Entity

**TOTAL FEES AUTHORIZED: \$ 1530**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 3109  
 Expiration Date: 20030430  
 Authorized Name: LEE, HUAI-LU  
 Billing Address: 99999

## BASIC FILING FEE

| Fee Description    | Fee Code | Fee Paid |
|--------------------|----------|----------|
| Utility Filing Fee | 101      | \$ 740   |

Subtotal For Basic Filing Fee: \$ 740

## EXTRA CLAIM FEES

|                       | Fee Code | Fee   | Extra Claims | Fee Paid |
|-----------------------|----------|-------|--------------|----------|
| Total Claims: 43      | 103      | \$ 18 | 23           | \$ 414   |
| Independent Claims: 7 | 102      | \$ 84 | 4            | \$ 336   |

Subtotal For Extra Claims Fees: \$ 750

## ADDITIONAL FEES

| Fee Description                                   | Number   | Quantity | Fee Code | Amount | Fee Paid |
|---|----------|----------|----------|--------|----------|
| Recording Each Patent Assignment Per Property Fee | 00000000 | 1        | 581      | \$ 40  | \$ 40    |

Subtotal For Additional Fees: \$ 40

# Best Available Copy

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

### CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 43           |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 43 minus 20= | * 23                     |
| INDEPENDENT CLAIMS               | 7 minus 3 =  | * 4                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

### CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | **                                 | =                        |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9=    |        |
| X42=      |        |
| +140=     |        |
| TOTAL     |        |

| RATE      | FEES   |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18=    | 414    |
| X84=      | 336    |
| +280=     |        |
| TOTAL     | 1490   |

OTHER THAN  
SMALL ENTITY  
OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

OTHER THAN  
SMALL ENTITY  
OR

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | **                                 | =                        |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

OTHER THAN  
SMALL ENTITY  
OR

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
|--|----------------------------------|-------|------------------------------------|--------------------------|
|  | Total                            | Minus | **                                 | =                        |
| Independent                                    | *                                | Minus | ***                                | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X42=             |                |
| +140=            |                |
| TOTAL ADDIT. FEE |                |

OTHER THAN  
SMALL ENTITY  
OR

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.